

State of Maine
FISCAL YEAR 2004 STATE HOMELAND SECURITY GRANT PROGRAM/LETPP
SUPPLEMENTAL APPLICATION FOR FUNDING OF
EXERCISE

1. What plan or plans will be exercised?
2. What function or functions will be exercised?
3. What level of exercise is being planned (please check all that apply): <input type="checkbox"/> Orientation number <input type="checkbox"/> Tabletop <input type="checkbox"/> Functional <input type="checkbox"/> Full-Scale
4. What is the time frame for exercise design, performance, evaluation and corrective measures plan for the exercise or series of exercises? <i>(All exercises and evaluations must be completed prior to November 30, 2005).</i>
5. What jurisdictions will participate in the exercise(s)?
6. Do you plan to request county or state assistance for exercise facilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will this exercise or series of exercises will be facilitated by a private contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please attach the contractor's proposal and information on the contractor's qualifications.</i>

Attachments:

- ☐ Projected Budget (see guidance for eligible budget categories)
- ☐ Contractor's information, as appropriate